

## Sample Data Entry Form

Missouri Enhanced Sampling Program (ESP)			
<b><i>DATA SHEET</i></b>			
INSTRUCTIONS			
<ul style="list-style-type: none"> <li>Type or print information legibly</li> <li>Complete <b>one sheet for each insured vehicle submitted.</b></li> <li>Data element definitions and specifications are found in the “<i>Missouri Enhanced Sampling Program (ESP) User’s Guide.</i>” ALL <u>dates</u> are in CCYYMMDD format, e.g., 20040531.</li> <li>Mail completed form to: <div style="margin-left: 40px;"> <b>Department of Revenue</b>  <b>ATTN: Enhanced Sampling Program</b>  <b>P. O. Box 3366</b>  <b>301 W. High Street Room 270</b>  <b>Jefferson City, MO 65105</b> </div> </li> </ul>			
INSURANCE COMPANY INFORMATION			
<b>Insurance Company Name</b> (As shown in the NAIC table.)		<b>1. NAIC Number</b> (NAIC table)	
REPORTING DATES			
<b>2. Beginning Reporting Period</b>	<b>3. Ending Reporting Period</b>	<b>4. Transmission Date</b>	
POLICY INFORMATION			
<b>5. Policy Number</b> (25 A/N)		<b>6. Effective Date</b>	<b>7. Termination Date</b>
VEHICLE INFORMATION			
<b>8. Vehicle Make</b> (From table)	<b>9. Vehicle Year</b> (CCYY)	<b>10. Vehicle Id. Number (VIN)</b> (26 A/N)	
POLICY OWNER INFORMATION			
<b>11. Date of Birth</b>		<b>12. Last Name</b> (25 A/N)	
<b>13. First Name</b> (15 A/N)	<b>14. Middle Name</b> (12 A/N)	<b>15. Suffix</b> (3 A/N)	
<b>16. Address 1</b> (30 A/N)			
<b>17. Address 2</b> (30 A/N)			
<b>18. City</b> (20 A/N)		<b>19. State</b> (2A)	<b>20. Zip Code</b> (5 or 9 N)
<b>21. DL Sate.</b> (2A)	<b>22. Driver License No.</b> (25 A/N)		<b>23. SSN</b> (9 N)